

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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## LOBBYIST REGISTRATION FORM (Type or Print Clearly)

PARTI I	LOBBYIST						
NAME(Last)		(First)		(Middle)		TELEPHO	DNE
Va-	vlicen	Meh	SSA			(808)	)524-1800
MAILING AD	DRESS (Street)					FAX	
1001	Bishop	ASB 1800	Hanoluly	HI	96813	BO	8 524-4591
(City	′)		(State)		(Zip (	Code)	
			***************************************				
EMPLOYING	ORGANIZATION (	Fill in only if you are emplo	yed by a business entity which	has been retai	ned to lobby)	TELEPHO	DNE
Alst	on Hun	4 Flaget	Ing			SOS	524-1800
MAILING AD	DRESS (Street)	,				FAX	
100	71 Bish	OP ASB 1	タクト			808	524-4591
(City	′)		(State)		(Zip (	Code)	
142	nolulu	HI	96	313			

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Western States Petroleum Assoc.	80000916-4987750
MAILING ADDRESS (Street)	FAX
1415 L Sr. #600	916 444.5745
(City) (State) (Zi	p Code)
Sacramento, CA 95	814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Cathy Reheis Bond	916 498-7750
MAILING ADDRESS (Street)	FAX
1415 L St. #600	916 444 5745
(City) (State) (Zi	p Code)
Sacramento, CA 95814	
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PART III DESCRIPTION	OF SUB.	IECTS UPON WHIC	H YOU	EXPECT TO LOBBY					
:   Agriculture	: 14	Education	1 1	Human Services	1 🛪	Science, Technology & Economic Development			
! X ! Communications & Public Utilities		Sovernment Operations & Finance	. 1	Intergovernmental Relation International Affairs	ns,   ¦	Tourism & Recreation			
Commerce	1 1 1	tawaiian Affairs	1201	Labor & Employment	1 1	Transportation			
.   Culture, Arts, Historie Preservation	, 1.1	Health	1 1	Planning, Land & Water Uce Management	٠ 4	Other: (Indicate below)			
Ecology, Energy Environmental Protection	1	Housing	1 }	Public Safety & Correction	s	Energy			
		<u> </u>							
PARTIV CERTIFICATIO	N OF LO	BBYIST							
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.  (Signature of Lobbyist)  (Date)									
(5db)									
PARTY AUTHORIZATION	ON TO LO	BBY			•				
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED									
NAME OF ORGANIZATION (if ap	TELEPHONE								
Western State	916 498-7750								
MAILING ADDRESS (Street)		FAX							
1415 L St. #600 916 444-									
(City) (State) (Zip Code) Sacramento CA 95814									
I hereby authorize the spaye - pained person to engage in lobbying activities on behalf of the undersigned.									
3/16/0									
(Signature of Author/Ind. Micar or Person Represented)									